deal with the sectarian violence they have in place and to move forward in a fashion that will create stability in Iraq.

I am hopeful, as we move forward from this day, and by the time we come back from the Memorial Day break, that besides the six Senators who have joined as cosponsors of this legislation, we will have additional cosponsors. At the end of the day, it seems to me that we, as the Congress, have a responsibility to the men and women who are on the ground in Iraq to try to find a common way forward.

On the issue of war and peace, there should not be a Republican and Democratic divide. What we ought to be doing is trying to find a common way forward where we can bring Democrats and Republicans together to an understanding of how we will ultimately achieve success in Iraq and bring our troops home.

Mr. President, I yield the floor, and I thank my colleague from Tennessee, Senator ALEXANDER.

The ACTING PRESIDENT pro tempore. The Senator from Rhode Island.

HEALTH CARE

Mr. WHITEHOUSE. Mr. President, I return to the floor to continue my series of remarks on health care reform.

As I have said, I recognize the difficulty of figuring out a better way to finance our health care system, a better way than part employer insured, part Government insured, and part uninsured. I am committed to working to achieve universal coverage for all Americans, but we have to recognize also that the underlying health care system itself is broken. It is broken in the way it delivers and pays for care, it creates massive costs and poor health outcomes, and those massive costs and poor health outcomes make the financing and access problems actually harder to solve. So I wish to focus now on system reform to give us a better operating health care system.

We have to start by recognizing that America's health care information technology is decades behind where it could be. The Economist magazine has described it as the worst in any American industry except one—the mining industry. As a result, we are losing billions and billions of dollars to waste, to inefficiency, and to poor quality care. Ultimately, and tragically, lives are lost to preventable medical errors because health care providers do not have adequate decision support for their decisions on treatment, medication, and other care.

Let us stop on the financial question for a moment. Some pretty respectable groups have looked at health information technology to see what they think it would save in health care costs, and here is what they report: RAND Corporation, $81 billion, conservatively, every year; David Brailer, former National Coordinator for Health Information Technology, $100 billion every year; and the Center for Information Technology Leadership, $77 billion every year. If you average the three, you get $86 billion a year. For RAND, the number I quoted was a conservative number. Their high-end estimate was a savings of $346 billion a year. So there is a huge amount of money at stake.

The question is: Are we making the investments we need to capture these savings? Well, say you are a CEO, and one of your division heads comes to you with a proposed investment to reduce production costs in your facility by $81 billion a year. How much would you authorize her to spend to achieve those savings? I suspect it would be quite a lot of money. Well, here is what we authorized ONCHIT to spend this year—the Office of National Coordinator of Health Information Technology. This Congress authorized $118 million. That is about 14 hours' worth of the $81 billion in annual savings conservatively estimated by RAND. Would it not be worth spending more to capture those savings?

You say, well, maybe the private sector will spend it for us. But look at the way our complex health care sector is divided into doctors, hospitals, insurers, employers, nurses, patients, and more. Which group do you expect to make the decisions about a national health information technology system? And they are not homogenous groups. Whom within them do you expect to make decisions about a national health information technology system?

Go back to imagining that you are a CEO. You want to install an IT system in your corporation. Your corporation has five major operating divisions. Would you pursue your corporate IT solution by waiting for each division to try to build the entire corporate IT system, without even talking to each other? Of course not. It would be a ridiculous strategy. None of your divisions would want to go first. Each division would like to wait and be a free rider on the investment of another division. Each one would face what I call the ''Betamax risk,'' that they will invest in a technology that proves not to be the winning technology, and each would have to figure out how to pay for the system, the whole system, out of only its own share of the gains. The result is the capital would not flow efficiently.

This pretty well describes where we are in America on health information technology. So here, in Washington, we have a job to do. First, we have to set some ground rules. In the old days, when our Nation was building railroads, the Government had a simple job to do: It had to set the requirements for how far apart the rails were going to be. That way a boxcar loading in San Francisco could get to Providence, RI, and know it could travel the whole way on even rails. The development of the rail system would never have happened without those ground rules.

In health information technology, there are ground rules we need to decide on, too, to get this moving—rules for interoperability among systems, rules for confidentiality and security of data, rules for the content of an electronic health record. All of that is the job of Government to organize.

The second job is to get adequate capital into the market. Software costs money. Hardware costs money. Entering data costs money. Most important, the disruption to the work flow of hospitals and doctors costs time and money, and it takes time and attention away from patients. So developing adequate health information technology is not going to be easy or cheap. But for savings of $81 billion a year, maybe $346 billion a year, it is worth a big effort.

So how do we get that capital flowing? Well, one could argue the way to solve this is to treat the health information highway similar to the Federal highway system—a common good that we pay for with tax dollars because it is so valuable to the economy to get goods cheaply and reliably from point A to point B. So maybe we should pay for this through taxes, similar to the national highway system. But a highway is pretty simple technology. Because the health information network is so much more complex, and because I think we need a lot more market forces at work and a lot more initiative and profit motive than the Federal highway funding model provides, I looked around for another model, a model that provides the central decisionmaking that is required to get the boxcars rolling, a model that provides access to capital, and a model that captures the vibrancy of the private sector.

I found one. We have actually been here before, or pretty close anyway. There was, some time ago, a new technology. Similar to health information technology, it would transform an industry; similar to health information technology, it would lower costs and expand service; similar to health information technology, it was a win-win situation for business and for consumers.

But the technology was, like health information technology, stuck in a political and economic traffic jam.

Our President at the time came up with the solution. The technology was communications satellites. The President was John F. Kennedy. The solution was COMSAT.

The COMSAT legislation broke the logjam. The COMSAT legislation created a publicly chartered corporation with a private board that raised the capital, launched the satellites, was profitable and successful for decades, and eventually merged into Lockheed-Martin—a true public-private success story.

My proposal, in a nutshell, is to create a not-for-profit, modern COMSAT for health information technology. Because of the complexity of the health care information puzzle, legislation is

too blunt an instrument to drive the details. But an organization like this can be flexible enough to meet market demands and can maintain the expertise to develop the details as the plan develops. American leaders could be recruited from the private sector to lead this board—CEOs from the IT sector, America's top retailers, manufacturers, and service providers; the champions of health information technology in the medical community; enlightened consumers and labor representatives.

I ask my colleagues to think of the caliber of just a few of America's leaders who have spoken to them about this issue, or spoken out publicly: Andy Stern at SEIU, Jim Donald at Starbucks, John Chambers at Cisco, or Lee Scott at Wal-Mart.

In conclusion, enormous cost savings, new technological horizons, empowerment of patients, better quality of care, more convenience and efficiency, and lives saved by improved information, error reduction, and decision support—what a rich area this opens up for American technological companies, for American health care providers, for American patients, and for American manufacturers now drowning under health care costs, if only we can break the logjam blocking this future now.

I hope my colleagues will consider seriously my legislation, proposing a nonprofit, privately led corporation that will help open the doors to that future.

I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from New Jersey is recognized.

Mr. LAUTENBERG. Mr. President, I ask unanimous consent for 10 minutes to speak in morning business.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

HONORING OUR ARMED FORCES

Mr. LAUTENBERG. Mr. President, today is going to be a day of great importance to America. We are going to be voting on the supplemental bill to fund the surge and the number of soldiers on duty in Iraq and Afghanistan. But last night we learned the body of one of the missing soldiers in Iraq was found. Despite our prayers, he was dead. We were informed that the body of Joseph Anzack, Jr., was pulled from the Euphrates River south of Baghdad.

On May 12, he and two of his colleagues went missing after they were ambushed by insurgents. How did the capture of three Americans take place? Are we short of troops to back them up or is it so dangerous we just can't overcome the odds we face?

All of America is hoping and praying, as we keep these other two soldiers in our hearts and our minds, that they will be found alive by the troops searching for them.

One of the soldiers searching for their two colleagues said something to the Associated Press. I quote him here.

It just angers me that it's just another friend that I've got to lose and deal with, because I've already lost 13 friends since I've been here and I don't know if I can take it anymore.

Much of America feels the same way. Outside of my office in Washington we have a tribute called ''The Faces of the Fallen.'' Visitors from across the country have stopped by this memorial—pictures of those who perished. I encourage my colleagues to come and see these photographs displayed on placards on the third floor of the Hart Building.

Since the beginning of May, and we are now at the 24th of May, the Pentagon has announced the deaths of 75 of our troops in Iraq and Afghanistan coming from thirty-one different states. I want them to be remembered.

Today, I am going to read their names into the RECORD. As we listen to the names, the real cost of this war is being felt in many homes across this country.

These are the names: LCpl Benjamin D. Desilets, of Elmwood, IL; CPL Julian M. Woodall, of Tallahassee, FL; CPL Ryan D. Collins, of Vernon, TX; SGT Jason A. Schumann, of Hawley, MN; SSG Christopher Moore, of Alpaugh, CA; SGT Jean P. Medlin, of Pelham, AL; SPC David W. Behrle, of Tipton, IA; SPC Joseph A. Gilmore, of Webster, FL; PFC Travis F. Haslip, of Ooltewah, TN; PFC Alexander R. Varela, of Fernley, NV; SFC Jesse B. Albrecht, of Hager City, WI; SPC Coty J. Phelps, of Kingman, AZ; PFC Victor M. Fontanilla, of Stockton, CA; SGT Ryan J. Baum, of Aurora, CO; SGT Justin D. Wisniewski, of Standish, MI; SGT Anselmo Martinez III, of Robstown, TX; SPC Casey W. Nash, of Baltimore, MD; SPC Joshua G. Romero, of Crowley, TX; SFC Scott J. Brown, of Windsor, CO; SPC Marquis J. McCants, of San Antonio, TX; PFC Jonathan V. Hamm, of Baltimore, MD; SGT Steven M. Packer, of Clovis, CA; PFC Aaron D. Gautier, of Hampton, VA; SSG Joshua R. Whitaker, of Long Beach, CA; SGT Allen J. Dunckley, of Yardley, PA; SGT Christopher N. Gonzalez, of Winslow, AZ; SGT Thomas G. Wright, of Holly, MI; LCpl Jeffrey D. Walker, of Macon, GA; PFC Zachary R. Gullett, of Hillsboro, OH; MAJ Larry J. Bauguess Jr., of Moravian Falls, NC; PFC Nicholas S. Hartge, of Rome City, IN; SFC James D. Connell Jr., of Lake City, TN; PFC Daniel W. Courneya, of Nashville, MI; CPL Christopher E. Murphy, of Lynchburg, VA; SSG John T. Self, of Pontotoc, MS; SPC Rhys W. Klasno, of Riverside, CA; MAJ Douglas A. Zembiec, of Albuquerque, NM; PVT Anthony J. Sausto, of Lake Havasu City, AZ; 1LT Andrew J. Bacevich, of Walpole, MA; PFC William A. Farrar Jr., of Redlands, CA; SPC Michael K. Frank, of Great Falls, MT; PFC Roy L. Jones III, of Houston, TX; SGT Jason W. Vaughn, of Iuka, MS; SGT Blake C. Stephens, of Pocatello, ID; SPC Kyle A. Little, of West Boylston, MA; SGM Bradly D. Conner, of Coeur d'Alene, ID; LCpl Walter K. O'Haire, of Lynn, MA; SGT Timothy P. Padgett, of Defuniak Springs, FL; SPC Dan H. Nguyen, of Sugar Land, TX; SSG Vincenzo Romeo, of Lodi, NJ—my home State; SGT Jason R. Harkins, of Clarkesville, GA; SGT Joel W. Lewis, of Sandia Park, NM; CPL Matthew L. Alexander, of Gretna, NE; CPL Anthony M. Bradshaw, of San Antonio, TX; CPL Michael A. Pursel, of Clinton, UT; SSG Virgil C. Martinez, of West Valley, UT; SGT Sameer A. M. Rateb, of Absecon, NJ—my home State; COL James W. Harrison Jr., of Missouri; MSG Wilberto Sabalu Jr., of Chicago, IL; SSG Christopher N. Hamlin, of London, KY; PFC Larry I. Guyton, of Brenham, TX; SSG Christopher S. Kiernan, of Virginia Beach, VA; MSG Kenneth N. Mack, of Fort Worth, TX; CPL Charles O. Palmer II, of Manteca, CA; PFC Jerome J. Potter, of Tacoma, WA; SSG Coby G. Schwab, of Puyallup, WA; SPC Kelly B. Grothe, of Spokane, WA; SPC Andrew R. Weiss, of Lafayette, IN; SPC Matthew T. Bolar, of Montgomery, AL; LCpl Johnathan E. Kirk, of Belhaven, NC; PFC Joseph G. Harris, of Sugar Land, TX; 1LT Colby J. Umbrell, of Doylestown, PA; 1LT Ryan P. Jones, of Massachusetts; SPC Astor A. Sunsin-Pineda, of Long Beach, CA; PFC Katie M. Soenksen, of Davenport, IA.

Mr. President, as you heard, this list includes two brave men from New Jersey—I visited their families—SSG Vincent Vincenzo Romeo and SGT Sameer Rateb. Staff Sergeant Romeo was from Lodi, NJ, and Sergeant Rateb was from Absecon, NJ.

It also includes SGT Allen J. Dunckley. His funeral is taking place today at 10:30, 5 minutes from now. His family is from Glassboro, NJ. PVT Anthony J. Sausto lived in Hamilton Township, NJ.

We cannot forget these brave men and women. The Nation cannot afford to forget their sacrifice. We have to remember that these brave souls left behind parents and children, siblings, friends. Their sorrow will last forever. We want them to know the country thinks about them, and we make a pledge to preserve their memory with the dignity that those who served and paid this price deserve.

I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Wisconsin.

SUPPLEMENTAL APPROPRIATIONS

Mr. FEINGOLD. Mr. President, I appreciate the remarks of the Senator from New Jersey.

I rise today to express my disappointment, both in the final version of the supplemental spending bill that we expect to consider today, and in the process that led to this badly flawed bill. Those two concerns are linked because the flawed procedure the Senate adopted when we passed a sham supplemental bill last week, without debate or amendments, helped grease the wheels for a final bill that contains no